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Bib Data Sheet

CONFIRMATION NO. 7331

<b>SERIAL NUMBER</b> 09/994,122	<b>FILING DATE</b> 11/26/2001 <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 2183	<b>ATTORNEY DOCKET NO.</b> P01,0429	
<b>APPLICANTS</b> Siegfried Bocione, Nurnberg, GERMANY; <b>** CONTINUING DATA *****</b> NO KTN <b>** FOREIGN APPLICATIONS *****</b> GERMANY 10058567.1 11/24/2000 GERMANY 10153832.4 11/05/2001 Yes KTN					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/28/2002</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> KTN Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26574					
<b>TITLE</b> Medical system architecture with computer workstations having a device for work list management					
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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